

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U **10803**

2 Fiscal Year Covered From

1 / **7** / **04** Through **12** / **31** / **04**

3 Name and address of person filing

Name **William D. Meyers**

P.O. Box Bldg. Room No. if any **5**

Street **141 S. Western Ave.**

City **Chicago**

State **Illinois** ZIP Code + 4 **60612**

4 Name, file number, and address of labor organization

Name **Producers Cleaners & Crafters Union**

Labor Organization File Number **037992**

P.O. Box, Building and Room Number, if any **7**

Street **141 S. Western Ave.**

City **Chicago**

State **Illinois** ZIP Code + 4 **60612**

5 Position in labor organization

President

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employee your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name, if any)

Name

Trade Name, if any

P.O. Box Bldg. Room No. if any

Street

City

State ZIP Code + 4

7 a. Nature of Interest, Transaction, or Income

7 b. Amount

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed **William D. Meyers**

On **Aug 10, 2004**

Date

11-242-3340

Telephone Number

Name of Person Filing <u>William Meyers</u>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>Dowd, Block & Bennett</u></p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street <u>8 S Michigan</u></p> <p>City <u>Chicago</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>60603</u></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box, Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p><u>#2800 Car & Chevrolet</u> <u>Rep Comm 12-20-03</u></p> <p>11 b Approximate dollar value of such dealing</p> <p>12 a Nature of interest held or income received</p> <p>12 b Amount</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p> <p>14 b Amount of payment</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/></p>	

Name of Person Filing

William Meyers

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Baumgardner & Co. Architects

Trade Name if any Attached to it Co.

P O Box Bldg Room No if any

Street 100 W. Jackson St.

City Chicago

State ILL ZIP Code + 4

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Trustmaster Pension Annuity

Trade Name if any Heck Hand Well Paid Annuity

P O Box Bldg Room No if any

Street 600 W. Jackson St.

City Chicago

State ILL ZIP Code + 4 60661

11 a Nature of such dealing

Box of stock 12-20-03

11 b Approximate dollar value of such dealing

\$5000

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

3 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐or Consultant ☐

?

14 b Amount of payment

Name of Person Filing

W. H. Wm Meyers

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

9 Business deals with



a Labor Organization



b Trust



c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Trust from Van Ness
Meetings 4 times a
year with some other meetings
and various

11 b Approximate dollar value of such dealing

\$1000

12 a Nature of interest held or income received

Interest in the business of the trust from Van Ness

12 b Amount

\$1000

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

Payment of money or other thing of value

13 b Is the Business an Employer



or Consultant



?

14 b Amount of payment

\$1000